FOR MARO 3:24 USED 23 94 A JMM SERVER OF FIRM THOUSE FILE WHE 12/14/14/14 1986 A FILA INT

IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

| FR- | -0255 | : |
|----------------|--|---|
| (Inmate I | Number) | : |
| (Name of | Mothy A. Hale Plaintiff) C.I. Rockview Box A | (Case Number) |
| (Address | of Plaintiff) | : : |
| Be] | llefonte, Pa. 16823 | : : COMPLAINT |
| | VS. | FILED |
| ~ Per | nnsylvania D.O.C. | : WELIAMSPORT, PA |
| 1) JE | FFERY BEARD. C.I. Rockview, DENTAL DEPT, | |
| INI | MATE ACCOUNTING DEPARTMENT. | MARY E. D ANDREA, CLERK |
| (Names of | f Defendants) SUPERINTENDANT | Per Deputy Clerk |
| I. Prev | rious Lawsuits If you have filed any other lawsuits and case number including year, as assigned: TIMOTHY A. HALE VS. TROOP | in federal court while a prisoner please list the caption well as the name of the judicial officer to whom it was PER MARK A. SCHMELZLEN, SHEILA LEMLEY ARTHUR J. SCHWAB, MAG. JUDGE AMY REYNOLDS HAY |
| II. Exha A. B. | | lable at your institution? ing the facts relating to this complaint? |
| | | ot |
| C. | Is the grievance process completed | ? <u>xx</u> YesNo |

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| me sec | m A below, place the full name of the defendant in the first blank, his/her official position in cond blank, and his/her place of employment in the third blank. Use Item B for the names, ns and places of employment of any additional defendants.) | | | |
|--|---|--|--|--|
| A. | Defendant D.O.C. OF PENNSYLVANIA, JEFFERY BEARD (1) is employed | | | |
| | as CHIEF SECRETARY at PENNSYLVANIA D.O.C.'S | | | |
| B. | Additional defendants S.C.I. ROCKVIEW, DENTAL DEPARTMENT. | | | |
| INMATE ACCOUNTING DEPARTMENT. SUPERINTENDANT F.J. TENN | | | | |
| | THESE DEFENDANTS ARE BEING SUED IN THIER INDIVIDUAL AND | | | |
| | OFFICIAL CAPACITIES. | | | |
| IV. Statemen | nt of Claim | | | |
| meiuam | nere as briefly as possible the facts of your case. Describe how each defendant is involved, ag dates and places. Do not give any legal arguments or cite any cases or statutes. Attach neets if necessary.) | | | |
| 1. | S.C.I. ROCKVIEW IS SHOWING DELIBERATE INDIFFERANCE REGARDING | | | |
| | DENTAL CARE. THEY WILL NOT PROVIDE ADEQUATE CARE KNOWING MY | | | |
| TEETH ARE IN BAD CONDITION AND HURT REGULARLY. I NEED DENT | | | | |
| - | 8th Amendment violations | | | |
| 2. | S.C.I. ROCKVIEW IS REPEATEDLY SEIZING PERSONAL PROPERTY | | | |
| - | FROM THE PLAINTIFF WITHOUT DUE PROCESS OF LAW. (THEY ARE | | | |
| - | GARNISHING MY WAGES & MONETARY DEPOSITS.) My criminal case | | | |
| | has been appealed. There is no longer an ORDER to pay anything. | | | |
| | 4th Amendment Violations | | | |
| 3 | THESE VIOLATIONS OF THE PLAINTIFF'S RIGHTS HAVE AND STILL | | | |
| | ARE CAUSING UNNECESSARY PAIN AND SUFFERING. IT IS CRUEL AND | | | |
| | UNUSUAL PUNISHMENT. THESE ACTIONS ARE BEING DONE AT ALL TIMES | | | |
| | UNDER COLOR OF STATE LAW. | | | |
| | | | | |

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III.

| | oriefly exactly what you want the court to do for you. Make no legal arguments. C | | |
|-----|---|--|--|
| | | | |
| 1. | I WANT THE COURT TO COMPEL S.C.I. ROCKVIEW, THE PA. D.O.C., TO PROVIDE THE PLAINTIFF WITH ADEQUATE DENTAL CARE. | | |
| | FILL EXISTING CAVITIES TO ELIMINATE EXISTING PAIN, PROVIDE | | |
| | DENTURES TO ASSIST IN EATING AND REDUCE UNNECESSARY STRESS ON REMAINING TEETH. COMPENSATE FOR PAIN AND SUFFERING. | | |
| · · | | | |
| 2. | I WANT THE COURT TO ORDER THE D.O.C. TO STOP ILLEGALLY | | |
| | DEDUCTING MONIES FROM THE PLAINTIFF. | | |
| , | INITIALLY, I AM SEEKING TEMPORARY INJUNCTIVE RELIEF. | | |
| | ULTIMATELY A FINAL ORDER. RETURN ALL MONIES GARNISHED; | | |
| | regardless of what they did with them. | | |
| 3. | I WANT THE COURT TO ORDER COMPENSATION FOR THE REPEATED | | |
| | VIOLATIONS OF THE PLAINTIFF'S CIVIL RIGHTS AND LIBERTIES | | |
| • | UNDER COLOR OF STATE LAW. AN AMOUNT TO BE DETERMINED BY A | | |
| • | JURY.* COMPENSATORY AND PUNITIVE DAMAGES. COSTS OF THIS SUI | | |
| - | * or a Federal Magistrate Judge. | | |

| I declare under penalty of perjury | that the foregoing is to | rue and correct. |
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<u>D-10-04</u> (Date)

(Signature of Plaintiff)

Signature of Plaintiff)

FORMS TO BE COMPLETED BY PRISONERS FILING A CIVIL RIGHTS COMPLAINT UNDER 42 U.S.C. § 1983 or 28 U.S.C. § 1331

COVER SHEET

| THIS COVER SHEET CONTAINS IMPORTANT INFORMATION ABOUT FILING A COMPLAINT AND YOUR OBLIGATIONS IF YOU DO FILE A COMPLAINT. READ AND COMPLETE THE COVER SHEET BEFORE YOU PROCEED FURTHER. | | | | |
|---|--|--|--|--|
| ****************** | | | | |
| The cost for filing a civil rights complaint is \$150.00. | | | | |
| If you do not have sufficient funds to pay the full filing fee of \$150.00 you need permission to proceed in forma pauperis. However, the court will assess and, when funds exist, immediately collect an initial partial filing fee of 20 percent of the greater of: | | | | |
| 1) the average monthly deposits to your prison account for the past six months; or | | | | |
| 2) the average monthly balance in your prison account for the past six months. | | | | |
| Thereafter, the institution in which you are incarcerated will be required to make monthly payments of 20% of the preceding month's deposits credited to your account until the entire filing fee is paid. | | | | |
| CAUTION: YOUR OBLIGATION TO PAY THE FULL FILING FEE WILL CONTINUE REGARDLESS OF THE OUTCOME OF YOUR CASE, EVEN IF YOUR COMPLAINT IS DISMISSED BEFORE THE DEFENDANTS ARE SERVED. | | | | |
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- 1. You shall file a complaint by completing and signing the attached complaint form and mailing it to the Clerk of Court along with the full filing fee of \$150.00. (In the event attachments are needed to complete the allegations in the complaint, no more than three (3) pages of attachments will be allowed.) If you submit the full filing fee along with the complaint, you DO NOT have to complete the rest of the forms in this packet. Check here if you are submitting the filing fee with the complaint form.
- 2. If you cannot afford to pay the fee, you may file a complaint under 28 U.S.C. § 1915 without paying the full filing fee at this time by completing the following: (1) Complaint Form; (2) Application To Proceed In Forma Pauperis; and (3) Authorization Form. You must properly complete, sign and submit all three standard forms or your complaint may be returned to you by the Clerk of Court. Check here if you are filing your complaint under 28 U.S.C. § 1915 without full prepayment of fees.

Please Note: If your case is allowed to proceed and you are awarded compensatory damages against a correctional facility or an official or agent of a correctional facility, the damage award will first be used to satisfy any outstanding restitution orders pending. Before payment of any compensatory damages, reasonable attempts will be made to notify the victims of the crime for which you were convicted concerning payment of such damages. The restitution orders must be fully paid before any part of the award goes to you.

DO NOT DETACH THE COVER SHEET FROM THE REST OF THE FORMS